

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LOIS G. CAPPS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.10127

Date of Disbursement

10 / 07 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Mailing Address 7804 EVENING LANE

City State Zip Code
ALEXANDRIA VA 22306

Purpose of Disbursement
VOID 05/20/2010 CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10119

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

-2500.00

C.

Full Name (Last, First, Middle Initial)

PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH

Mailing Address 7804 EVENING LANE

City State Zip Code
ALEXANDRIA VA 22306

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10120

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00